



**Please Use Black Ink**

## Authorization for Voluntary Additional Utah Income Tax Withholding

**Check one:**      **New**      **Change**      **Cancel**

I, \_\_\_\_\_  
Print or Type your name as it appears on the payroll warrant

\_\_\_\_\_  
Social Security Number

agree that the State of Utah, Division of Finance be authorized to withhold from my salary for STATE INCOME TAX the sum of \$ \_\_\_\_\_ PER PAY PERIOD. This is in addition to any other taxes required by law or regulations. This Agreement shall continue until terminated by either the employee or employer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return completed form to:

Division of Finance  
Payroll Section  
2110 State Office Building  
Salt Lake City, UT 84114

**Private Data**